

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenneth Parreno  
 Mexican American Legal Defense  
 & Educational Fund  
 110 Broadway, Suite 300  
 San Antonio, TX 78205  
 3:21-cv-259-DCG; Text Order granting ProHacVici



2. Article Number (Transfer from service label)

7020 1810 0001 9928 0022

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

(X)

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1 or delivery address below?

- ☐ Yes
- ☐ No

DEC 13 2021  
 DEPT. OF JUSTICE  
 U.S. DISTRICT COURT  
 WESTERN DISTRICT OF TEXAS  
 BY DEPUTY CLERK

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature                    | <input type="checkbox"/> Registered Mail Express®                   |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt